

DIRECTORATE OF PLANS, TRAINING, MOBILIZATION AND SECURITY  
18902 A.P. HILL DRIVE  
FORT A.P. HILL, VA 22427-3106

IMNE-APH-PL

25 June 2006

CAMP CLARK  
STANDING OPERATING PROCEDURES (SOP)

1. REFERENCES:

- a. APH Memorandum 350-1, Training.
- b. AR 385-10, Army Safety Program.
- c. National Fire Protection Association, Life Safety Code 102, Chapter 8.
- d. APH Regulation 420.1, Installation Fire Prevention and Protection.
- e. AR and DA PAM 385-63, Range Safety.

2. PURPOSE: To establish guidelines and procedures for the issue of Camp Clark and conduct of its users.

3. SCOPE: This SOP applies to all organized youth groups who utilize Camp Clark for tent camping. Group must be able to provide proof that they have adequate medical and liability insurance.

4. GENERAL INFORMATION:

- a. Groups shall inprocess at the Training Division, DPTMS, (building 1252) during normal duty hours, 7:00 a.m. to 4:30 p.m. before occupying the camp. If arriving after normal duty hours, report to the Provost Marshal (building 156) and then also have a representative inprocess with the Training Division, DPTMS the next morning.
- b. Groups shall use established camp sites 1 through 6 and nose cones (see Annex A). Skill sites A through D are not to be used for tent camping.
- c. Groups shall adhere to tent placement and number of tents in accordance with (IAW) safety requirements as outlined in Annex B.

## CAMP CLARK STANDING OPERATING PROCEDURES (SOP)

d. Tents shall be erected to cover not more than 75% of an open area. There shall be a minimum of 10 feet between stake lines and 30 feet between rows. Tents not exceeding 1200 square feet in ground area shall not be required to be separate from each other provided safety precautions have been taken to prevent fire in each. No combustible liquids (gasoline, kerosene) shall be stored inside any tent or fabric structure.

(1) All supporting members shall be of sufficient size and strength to support the structure.

(2) All poles and their supporting guys, stakes, stays and fastenings shall be of sufficient strength and attachment to resist a minimum wind pressure of 20 lbs/sq. ft. of tent area

d. **No smoking** is permitted anywhere within the Camp Clark boundaries.

e. Maximum occupancy of Camp Clark is 993 people.

f. Water draw point is at Rodes Camp, except during the winter. Winter draw point is at Wilcox Camp.

g. No swimming is permitted.

h. No live trees are to be cut down.

i. **Fires.**

(1) Campfires are allowed with a hot work permit (DA Form 5383-R) that are obtained from the Fire Dept prior to the start if **ANY** open flame operation, or other hazardous action, which could result in fire.

(2) Campfires are allowed only in the currently constructed camp fire rings, one per camp (1 through 6) and one in the circle at Hems Pond. No camp fires or cooking in personal tents or nose cones is permitted.

(a) A minimum of one 10 lb type 2A - ABC fire extinguisher shall be located in an open conspicuous place where any flame is used, such as a food preparation area. The groups utilizing Camp Clark must provide their own fire extinguishers.

(b) A minimum of one 10 lb type 2A - ABC fire extinguisher shall be located in every camp site (1 through 6) for every 10 tents in that camp site. The groups utilizing Camp Clark must provide their own fire extinguishers.

## CAMP CLARK STANDING OPERATING PROCEDURES (SOP)

### j. Safety.

(1) Groups of 100 or more will require a safety briefing from the Installation Safety Office to include completion of Annex D, Site Safety Plan. Non-standard activities may also require a safety briefing and safety plan. Group leaders/safety officers will then be required to give a safety briefing to his/her respective group as soon as possible (ASAP).

(2) All activities require adult supervision of minors. All minors require adult supervision on a ratio of 1 to 10.

(3) Personal flotation devices must be used by all individuals when boating.

(4) Bikers are required to wear helmets. Biking on perimeter of camp and other roads will also require reflective vest/waist bands and an overlay of the route which must be turned in to the Training Branch, DPTMS, prior to occupying the camp.

(5) Hiking on the perimeter and off-camp requires an overlay of route which must be turned in to the Training Branch, DPTMS, prior to occupying the camp.

(6) Hiking and biking requires a front safety and a rear safety to ensure no one is left behind.

(7) Marksmanship of any type is not permitted.

(8) Climbing nose cones is prohibited.

(9) No camping in RVs or pop-up trailers is allowed within Camp Clark boundaries.

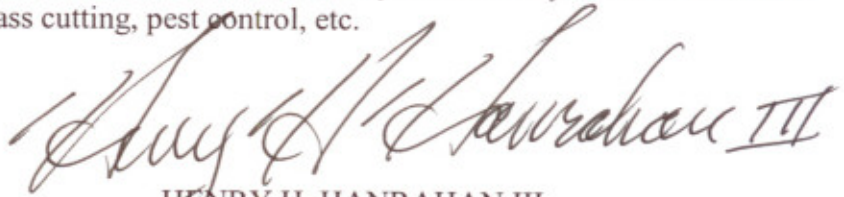
### k. Medical.

(1) Group must possess one CPR qualified individual and an emergency medical kit per 100 campers. A vehicle for medical emergency which can lay an individual flat for transport is required to be on-site at the camp while occupied.

(2) Group organizer for groups of 100 or more will establish, equip and mark a first aid station and ensure that the CPR/first aid trained individual remain within its vicinity.

## CAMP CLARK STANDING OPERATING PROCEDURES (SOP)

5. REIMBURSABLES: Reimbursement for certain services may be necessary. Refer to Annex C for a listing, i.e. safety briefings, grass cutting, pest control, etc.



HENRY H. HANRAHAN III  
Director of Plans, Training,  
Mobilization and Security

### ANNEXES

- A - Established Camp Sites
- B - Tent Placement and Number of Tents
- C - Fort A.P. Hill Cost Matrix for Reimbursable Services - Other
- D - Site Safety Plan



# Camp Clark



## Legend

- Camp Site
- Skill Site
- Road
- Clark Camp Trail



0 50 100 200 300 400 Meters



ANNEX B (TENT PLACEMENT AND NUMBER OF TENTS) TO CAMP CLARK  
STANDING OPERATING PROCEDURES (SOP)

Camp Site 1:	259 Total tent capacity and personnel occupancy
Camp Site 2:	80 Total tent capacity and personnel occupancy
Camp Site 3:	37 Total tent capacity and personnel occupancy
Camp Site 4:	446 Total tent capacity and personnel occupancy
Camp Site 5:	136 Total tent capacity and personnel occupancy
Camp Site 6:	35 Total tent capacity and personnel occupancy

Date of Exercise:

Name of Activity:

Financial POC and Phone Number:

Category	Services	Reimbursable to Fort A. P. Hill by	Calculations of Reimbursement	Quantity	Estimated \$	Actual Cost	Method of Reimbursement
Automation	Assign IP address	All Requesting Activities	Copper \$220 flat fee				Check payable to DFAS Rome
			Other \$100 flat fee				Check payable to DFAS Rome
			Cost of phone calls (internet) = actual cost				Check payable to DFAS Rome
Communications	Phone Access	All Requesting Activities	Dropping new phone line = \$50 per phone				Check payable to DFAS Rome
			Admin fee for pin # = \$5.00 Per pin				Check payable to DFAS Rome
			Admin fee for closing out bill = \$15.00				Check payable to DFAS Rome
			Actual cost of calls				Check payable to DFAS Rome
	Long Distance Calls	All Requesting Activities	Actual costs of calls				Check payable to DFAS Rome
	Frequency Management	All Requesting Activities	Usage 1-7 days=\$1.00 per frequency Usage 8-24 days =\$2.50 per frequency Usage 26 plus days = \$5.00 per frequency				Check payable to DFAS Rome
Information Management	Postal Service	All Requesting Activities	Actual costs				Check payable to DFAS Rome
	Copier Rental	All Requesting Activities	Copier \$215.00 + \$0.0185 per page				Check payable to DFAS Rome
	Fax Machine Rental	All Requesting Activities	Fax Machine \$265.00				Check payable to DFAS Rome
		All Requesting Activities	Additional cartridge \$100.00				Check payable to DFAS Rome
Safety	Safety Briefings	All Requesting Activities	\$40.00 per unit				Check payable to DFAS Rome
	Requested Safety Training	All Requesting Activities	\$40.00 per hour, based on length of training and preparation				Check payable to DFAS Rome
Crisis Communications Management	Initial and sustained PAO response to emergencies/accidents	Liabile Activities	Hourly rate of \$58.50 X hours				Check payable to DFAS Rome
DPTMS	Processing Training Request	All Activities	Hourly rate of \$24.00 X hours				Check payable to DFAS Rome
	Training Support	All Activities	Hourly rate of \$24.50 X hours				Check payable to DFAS Rome

Date of Exercise:

Name of Activity

Financial POC and Phone Number:

Category	Services	Reimbursable to Fort A. P. Hill by	Calculations of Reimbursement	Quantity	Estimated \$	Actual Cost	Method of Reimbursement
Resource Management Support	Processing Fee	All Activities	\$98.00 per unit				Check payable to DFAS Rome
Directorate of Emergency Services	Gate Openings	All Requesting Activities	Over time rate per hour				Check payable to DFAS Rome
	Police/Fire Training						
	Special Event Support						
Logistical Support	Campsite and Food Service Management	All Requesting Activities	\$0.50 per man day				Check payable to DFAS Rome
	Supply Support (PBO)	All Requesting Activities	\$25.00 Per hour / per material handler for each mission supported				Check payable to DFAS Rome
	Linen Service Fee	All Using Activities	\$25.00 Admin fee				Check payable to DFAS Rome
			Actual cost				Check payable to DFAS Rome
	Latrine Rental	All Requesting Activities	\$25.00 Admin Fee				Check payable to DFAS Rome
			Actual Cost				Check payable to DFAS Rome
	Water Buffalo	All requesting units	\$75.00 per use				Check payable to DFAS Rome
	Report of Survey	Liabile Activities	\$300.00 per survey				Check payable to DFAS Rome
Environmental Support	Pest Control Remediation	All Liabile Activities	Hourly shop rate X no. of hrs***				Check payable to DFAS Rome
			Material & supplies required because of unit negligence .				Check payable to DFAS Rome
	Hazardous Waste Disposal	All Requesting Activities	Hourly shop rate X no. of hours.***				Check payable to DFAS Rome
			Disposal costs				Check payable to DFAS Rome
	Spills	All Liabile Activities	Contract costs to include S&A				Check payable to DFAS Rome
			Hourly shop rate X no. of hours.***				Check payable to DFAS Rome
			Disposal costs				Check payable to DFAS Rome
			Contract costs to include S&A				Check payable to DFAS Rome
			Fire Department response				Check payable to DFAS Rome
	Violations	All Liabile Activities	If applied, customer will pay for costs associated with fines.				Check payable to DFAS Rome
	GIS support, costs for maps.	All Requesting Activities	Shop rate X no. of hrs to complete task.				Check payable to DFAS Rome
Engineering Support	Designs/Drawings CADD support,	All Requesting Activities	Shop rate X no. of hrs to complete task.				Check payable to DFAS Rome



Date of Exercise:

Name of Activity

Financial POC and Phone Number:

Category	Services	Reimbursable to Fort A.P. Hill by	Calculations of Reimbursement	Quantity	Estimated \$	Actual Cost	Method of Reimbursement
Facilities Support	Damages to facilities	All Liable Activities	Actual costs to repair beyond fair wear and tear.				Check payable to DFAS Rome
			Contract costs to include S&A.				Check payable to DFAS Rome
	Electric	All Using Activities	Based on .23 cents per square foot of facility X no of days occupying. 10 cents represents average home usage per square foot. Annually updated, may fluctuate.				Check payable to DFAS Rome
	Water	All Using Activities	\$ 2.43 per 1000 gallons. Based on Annual Utility Sales Report. Annually updated, may fluctuate.				Check payable to DFAS Rome
	Sewage	All Using Activities	\$ 3.47 per 1000 gallons. Based on Annual Utility Sales Report. Annually updated, may fluctuate.				Check payable to DFAS Rome
	Refuse	All Using Activities	based on no. of people X no. days X 3.5 lbs per/person per day divided by 2000 X36.00 ( price pr ton)				Check payable to DFAS Rome
	LP Gas	All Using Activities	Based on Actual used				Check payable to DFAS Rome
Real Property Support	Preparation of Installation Commanders License, Reports of Availability, Real Estate actions, permits & licenses	All Activities	\$32.20 X no of hrs to complete				Check payable to DFAS Rome
*** Service performed after regular duty hours will be charged at the applicable overtime rate			TOTAL				


# Camp Clark

## Site Safety and Health Plan

### Table of Contents

FORM NAME	FORM	USE	REQUIRED	ADDITIONAL	OPTIONAL	ATTACHED? (initial if it is included)
Project Safety and Health Plan	A	Site Safety and Health Plan	X			
Risk Management Plan	B	Hazard ID, Evaluation, Control	X			
Emergency Response Plan	C	How to respond to emergencies	X			
Site Map	D	Site map; lay out of camping area and location of first aid tent & leader's tents	X			
Accident Notification Plan	E	Plan to alert key offices of Fort A. P. Hill of the occurrence of an accident	X			
Acknowledgement Form	F	Signed by all leaders to document that they have read and understand the safety plan	X			
<b>Attachments</b>		Provide guidance and information to help leaders implement risk controls				
Heat Stress Attachment		This must be used when temperatures exceed 80 degrees Fahrenheit		X		
Cold Stress Attachment		This must be used when temperatures drop below 40 degrees Fahrenheit		X		
Severe Weather Plan Thunderstorm/Lightning Safety		This must be used any time that a weather forecast indicates the possibility of weather conditions creating hazards		X		
Insect Hazards Attachment		This should be used for activities located in woods or fields.			X	
Animal Hazards Attachment		This should be used for activities located in woods or fields.			X	

<b>PROJECT HEALTH AND SAFETY PLAN</b>	1. Group Name				2. Date/Time Prepared			3. Date		4. Attachments:		
5. Group Leader:	Event Leader Telephone Number:				Event Safety Officer:			Safety Telephone #:		Event Security Officer:		
<u>6. Physical Hazards and Protection</u>	Noise	Heat Stress	Cold Stress	Electrical	Animal/Plant/Insect	Ergonomic	Slips/Trips/Falls	Drowning	Boating Accident	Bicycling Accident		
Major Events	Violence	Fatigue	UXO	Fire	Lost Campers	Severe Weather	Other					
	Permit Required	Life Jacket	Reflective Vest or Belt	Rain Gear	Shoes (Leather Boots)	Leather Gloves	Helmet	Clothing (cold wx)	Fire Extinguisher	Drinking Water	Work/ Rest (hrs)	First Aid Kit
FISHING	YES									X		X
BOATING	NO	X								X		X
HIKING; in woods	NO				X					X		X
RUNNING; on public roads	YES		X							X		X
BIKING, on public roads	YES		X				X			X		X
BON FIRES; any open fires	YES					X			X			X
<b>Form A: Page 1 of 6</b>												

<b>RISK MGMT PLAN (RM) HAZARD ID/EVAL/CONTROL</b>	1. Group Name	2. Date/Time Prepared	3. Dates of Event:	4. Event Safety Officer (include method of contact)
5. Event Leader	6. Camp Site #	7. For Emergencies Contact:	8. Attachments	
10. Event Task/Activity FISHING	Hazards* 	Potential Injury and Health Effects		<u>Controls:</u> (describe)
Initial Risk Level: L M H Residual Risk Level L M H				
HIKING				
Initial Risk Level: L M H Residual Risk Level L M H				
BICYCLING				
Initial Risk Level: L M H Residual Risk Level L M H				
RUNNING				
Initial Risk Level: L M H Residual Risk Level L M H				
11. Prepared By:	12. Date/Time Briefed:	*HAZARD LIST:		<b>Form B:</b> Page 2 of 6





14. Sketch of Site:

15. Prepared By:

<b>ACCIDENT NOTIFICATION PLAN</b>	1. Group Name	2. Date/Time Prepared	3. Dates of Event:	4. Event Safety Officer (include method of contact)
5. Event Leader	6. For Emergencies Contact:	7. Attachments:		
8. Emergency Alarm (sound and location)	9. Backup Alarm (sound and location)	10. Emergency Equipment Required:		
11. Emergency Notification Procedures		12. Places of Refuge	13. Site Security Measures	14. Accounting for Participants
IMMEDIATE NOTIFICATION: SECONDARY: 1 <sup>ST</sup> – PMO DISPATCHER 2 <sup>ND</sup> – FAPH FIRE DEPARTMENT 3 <sup>RD</sup> – SAFETY OFFICE				
14. Prepared By:	15. Date/Time Briefed:	<b>HAZARD LIST:</b> Severe Weather, Fire, Smoke, Water, Heat Stress, Cold Stress, Fatigue, Vehicles, Bicycles, wildlife, poisonous plants and insects		<b>Form E:</b>  <b>Page 5 of 6</b>

[illegible]